

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Total Indep	Total Depend	Total Claims		
	Indep	Depend	Indep	Depend	Indep	Depend					
1			/				51				
2				/			52				
3				/			53				
4				/			54				
5				/			55				
6				/			56				
7				/			57				
8				/			58				
9				/			59				
10			/				60				
11				/			61				
12				/			62				
13				/			63				
14				/			64				
15				/			65				
16			/				66				
17				/			67				
18				/			68				
19				/			69				
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22			/				72				
23				/			73				
24				/			74				
25				/			75				
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31				/			81				
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33				/			83				
34				/			84				
35				/			85				
36				/			86				
37			/				87				
38				/			88				
39				/			89				
40				/			90				
41				/			91				
42				/			92				
43				/			93				
44				/			94				
45				/			95				
46				/			96				
47				/			97				
48				/			98				
49				/			99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				